

**Mississippi Division of Medicaid
INCREASED PRIMARY CARE FEE SCHEDULE
COVER SHEET**



Additional References:

- [MS Division of Medicaid Website](#)
- [MS Envision Interactive Fee Schedule](#)
- [MS Envision Downloadable Fee Schedule](#)
- [Medicaid National Correct Coding Initiative \(NCCI\) Edits](#)

| Note Number | Column Title | Details |
|-------------|-----------------|---|
| 1 | Code | <ul style="list-style-type: none"> • Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code |
| 2 | Description | <ul style="list-style-type: none"> • Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description |
| 3 | Site of Service | <ul style="list-style-type: none"> • This column is used to denote the site of service. <ol style="list-style-type: none"> 1. Non-Facility Rate: The rate paid for professional services performed in a setting that is not a facility. 2. Facility Rate: he rate paid for professional services performed in a facility setting. 3. EP Modifier Non-Facility Rate: The rate paid for EPSDT professional services performed in a setting that is not a facility. |
| 4 | Min Age | <ul style="list-style-type: none"> • This column is the covered minimum age for the service. |
| 5 | Max Age | <ul style="list-style-type: none"> • This column is the covered maximum age for the service. |
| 6 | Begin Date | <ul style="list-style-type: none"> • This column represents the begin date of which the fee in columns I and J became effective. |
| 7 | End Date | <ul style="list-style-type: none"> • This column represents the end date of the fee segment in columns I and J. |
| 8 | Max Units | <ul style="list-style-type: none"> • This column represents the maximum units the Division of Medicaid covers for the service. |
| 9 | Fee | <ul style="list-style-type: none"> • This column is the maximum amount that Division of Medicaid will pay for each unit. • MP - Manually Priced, the provider must submit a By Report claim, as identified on the fee schedule to determine appropriate payment. |

Mississippi Division of Medicaid
INCREASED PRIMARY CARE FEE SCHEDULE
 Print Date: JANUARY 4, 2022



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are posted. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules.

Units are subject to change upon Agency review.
 Price does not include cutbacks, assessment fees, etc. Payment is not guaranteed

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

| Code | Description | Site of Service | Min Age | Max Age | Begin Date | End Date | Max Units | Fee |
|-------|--|-------------------------------|---------|---------|------------|------------|-----------|--------|
| 90460 | IMADM ANY ROUTE 1ST VAC/TOX | EP Modifier Non-Facility Rate | 0 | 18 | 7/1/2020 | 12/31/9999 | 9 | 12.98 |
| 90471 | IMMUNIZATION ADMIN | EP Modifier Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 12.98 |
| 90472 | IMMUNIZATION ADMIN, EACH ADD | EP Modifier Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 8 | 11.66 |
| 90473 | IMMUNE ADMIN ORAL/NASAL | EP Modifier Non-Facility Rate | 0 | 18 | 7/1/2020 | 12/31/9999 | 1 | 12.98 |
| 90474 | IMMUNE ADMIN ORAL/NASAL ADDL | EP Modifier Non-Facility Rate | 0 | 18 | 7/1/2020 | 12/31/9999 | 1 | 11.66 |
| 99202 | OFFICE O/P NEW SF 15-29 MIN | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 47.18 |
| 99202 | OFFICE O/P NEW SF 15-29 MIN | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 69.12 |
| 99203 | OFFICE O/P NEW LOW 30-44 MIN | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 70.79 |
| 99203 | OFFICE O/P NEW LOW 30-44 MIN | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 98.29 |
| 99204 | OFFICE O/P NEW MOD 45-59 MIN | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 121.11 |
| 99204 | OFFICE O/P NEW MOD 45-59 MIN | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 151.07 |
| 99205 | OFFICE O/P NEW HI 60-74 MIN | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 158.24 |
| 99205 | OFFICE O/P NEW HI 60-74 MIN | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 191.29 |
| 99211 | OFFICE O/P EST MINIMAL PROB | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 8.70 |
| 99211 | OFFICE O/P EST MINIMAL PROB | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 20.75 |
| 99212 | OFFICE O/P EST SF 10-19 MIN | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 2 | 24.06 |
| 99212 | OFFICE O/P EST SF 10-19 MIN | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 2 | 41.05 |
| 99213 | OFFICE O/P EST LOW 20-29 MIN | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 2 | 48.10 |
| 99213 | OFFICE O/P EST LOW 20-29 MIN | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 2 | 68.49 |
| 99214 | OFFICE O/P EST MOD 30-39 MIN | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 2 | 74.17 |
| 99214 | OFFICE O/P EST MOD 30-39 MIN | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 2 | 99.81 |
| 99215 | OFFICE O/P EST HI 40-54 MIN | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 104.79 |
| 99215 | OFFICE O/P EST HI 40-54 MIN | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 134.45 |
| 99217 | OBS CARE DIS, DAY MGNT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 67.88 |
| 99218 | INITIAL OBSERVATION CARE, PER | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 93.64 |
| 99219 | INITIAL OBSERVATION CARE, PER | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 127.59 |
| 99220 | INITIAL OBSERVATION CARE, PER | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 173.79 |
| 99221 | INITIAL HOSPITAL CARE, PER DAY | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 95.13 |
| 99222 | INITIAL HOSPITAL CARE, PER DAY | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 129.00 |
| 99223 | INITIAL HOSPITAL CARE, PER DAY | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 190.01 |
| 99231 | SUBSEQUENT HOSPITAL CARE, PER | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 36.91 |
| 99232 | SUBSEQUENT HOSPITAL CARE, PER | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 68.05 |
| 99233 | SUBSEQUENT HOSPITAL CARE | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 98.06 |
| 99234 | OBSERV/HOSP SAME DATE | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 125.20 |
| 99235 | OBSERV/HOSP SAME DATE | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 158.84 |
| 99236 | OBSERV/HOSP SAME DATE | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 204.55 |
| 99238 | HOSPITAL DISCHARGE DAY MANAGEM | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 68.19 |
| 99241 | OFFICE CONSULTATION FOR A NEW | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 30.94 |
| 99241 | OFFICE CONSULTATION FOR A NEW | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 43.92 |
| 99242 | OFFICE CONSULTATION FOR A NEW | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 65.12 |
| 99242 | OFFICE CONSULTATION FOR A NEW | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 83.35 |
| 99243 | OFFICE CONSULTATION FOR A NEW | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 91.11 |
| 99243 | OFFICE CONSULTATION FOR A NEW | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 114.28 |
| 99244 | OFFICE CONSULTATION FOR A NEW | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 146.51 |
| 99244 | OFFICE CONSULTATION FOR A NEW | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 171.84 |
| 99245 | OFFICE CONSULTATION FOR A NEW | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 181.34 |
| 99245 | OFFICE CONSULTATION FOR A NEW | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 209.76 |
| 99251 | INPATIENT CONSULT NEW OR EST PATIENT, PR | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 46.87 |
| 99252 | INPATIENT CONSULT NEW OR EST PATIENT, EX | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 71.08 |
| 99253 | INPATIENT CONSULT NEW OR EST PATIENT, DE | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 109.46 |
| 99254 | INPATIENT CONSULT NEW OR EST PATIENT, CO | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 159.20 |
| 99255 | INPATIENT CONSULT NEW OR EST PATIENT, CO | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 191.68 |
| 99281 | EMERGENCY DEPARTMENT VISIT FOR | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 21.28 |
| 99282 | EMERGENCY DEPARTMENT VISIT FOR | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 41.00 |
| 99283 | EMERGENCY DEPARTMENT VISIT FOR | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 61.52 |
| 99284 | EMERGENCY DEPARTMENT VISIT FOR | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 112.60 |
| 99285 | EMERGENCY DEPT VISIT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 163.58 |
| 99291 | CRITICAL CARE, FIRST HOUR | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 208.98 |

Mississippi Division of Medicaid
INCREASED PRIMARY CARE FEE SCHEDULE
 Print Date: JANUARY 4, 2022



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are posted. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules.

Units are subject to change upon Agency review.
 Price does not include cutbacks, assessment fees, etc. Payment is not guaranteed

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

| Code | Description | Site of Service | Min Age | Max Age | Begin Date | End Date | Max Units | Fee |
|-------|----------------------------------|-------------------|---------|---------|------------|------------|-----------|--------|
| 99291 | CRITICAL CARE, FIRST HOUR | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 258.72 |
| 99292 | CRITICAL CARE, ADDL 30 MIN | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 8 | 104.99 |
| 99292 | CRITICAL CARE, ADDL 30 MIN | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 8 | 115.18 |
| 99304 | NURSING FACILITY CARE, INIT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 84.67 |
| 99305 | NURSING FACILITY CARE, INIT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 121.53 |
| 99306 | NURSING FACILITY CARE, INIT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 156.68 |
| 99307 | NURSING FAC CARE, SUBSEQ | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 41.05 |
| 99308 | NURSING FAC CARE, SUBSEQ | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 64.38 |
| 99309 | NURSING FAC CARE, SUBSEQ | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 85.13 |
| 99310 | NURSING FAC CARE, SUBSEQ | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 125.86 |
| 99315 | NURSING FAC DISCHARGE DAY | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 68.50 |
| 99318 | ANNUAL NURSING FAC ASSESSMNT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 89.92 |
| 99324 | DOMICIL/R-HOME VISIT NEW PAT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 51.42 |
| 99325 | DOMICIL/R-HOME VISIT NEW PAT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 74.92 |
| 99326 | DOMICIL/R-HOME VISIT NEW PAT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 130.49 |
| 99327 | DOMICIL/R-HOME VISIT NEW PAT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 174.81 |
| 99328 | DOMICIL/R-HOME VISIT NEW PAT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 206.52 |
| 99334 | DOMICIL/R-HOME VISIT EST PAT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 56.50 |
| 99335 | DOMICIL/R-HOME VISIT EST PAT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 89.59 |
| 99336 | DOMICIL/R-HOME VISIT EST PAT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 126.65 |
| 99337 | DOMICIL/R-HOME VISIT EST PAT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 182.39 |
| 99341 | HOME VISIT, NEW PATIENT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 51.42 |
| 99342 | HOME VISIT, NEW PATIENT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 74.00 |
| 99343 | HOME VISIT, NEW PATIENT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 121.71 |
| 99344 | HOME VISIT, NEW PATIENT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 171.32 |
| 99345 | HOME VISIT, NEW PATIENT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 208.32 |
| 99347 | HOME VISIT, ESTAB PATIENT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 51.37 |
| 99348 | HOME VISIT, ESTAB PATIENT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 79.00 |
| 99349 | HOME VISIT, ESTAB PATIENT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 120.83 |
| 99350 | HOME VISIT, ESTAB PATIENT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 168.10 |
| 99354 | PROLONG E&M/PSYCTX SERV O/P | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 114.72 |
| 99354 | PROLONG E&M/PSYCTX SERV O/P | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 121.51 |
| 99355 | PROLONG E&M/PSYCTX SERV O/P | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 4 | 86.48 |
| 99355 | PROLONG E&M/PSYCTX SERV O/P | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 4 | 92.34 |
| 99356 | PROLONGED SERV IP/OBSERV 1ST HR | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 86.83 |
| 99357 | PROLONGED SERVICE, INPATIENT | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 4 | 87.45 |
| 99381 | PREV VISIT, NEW, INFANT | Non-Facility Rate | 0 | 1 | 7/1/2020 | 12/31/9999 | 1 | 101.97 |
| 99382 | INITIAL EVALUATION AND MANAGEM | Non-Facility Rate | 1 | 4 | 7/1/2020 | 12/31/9999 | 1 | 106.92 |
| 99383 | INITIAL EVALUATION AND MANAGEM | Non-Facility Rate | 5 | 11 | 7/1/2020 | 12/31/9999 | 1 | 111.57 |
| 99384 | INITIAL EVALUATION AND MANAGEM | Non-Facility Rate | 12 | 17 | 7/1/2020 | 12/31/9999 | 1 | 126.43 |
| 99385 | INITIAL EVALUATION AND MANAGEM | Non-Facility Rate | 18 | 39 | 7/1/2020 | 12/31/9999 | 1 | 122.49 |
| 99386 | INITIAL EVALUATION AND MANAGEM | Facility Rate | 40 | 64 | 7/1/2020 | 12/31/9999 | 1 | 113.43 |
| 99386 | INITIAL EVALUATION AND MANAGEM | Non-Facility Rate | 40 | 64 | 7/1/2020 | 12/31/9999 | 1 | 142.16 |
| 99387 | INITIAL EVALUATION AND MANAGEM | Facility Rate | 65 | 999 | 7/1/2020 | 12/31/9999 | 1 | 121.84 |
| 99387 | INITIAL EVALUATION AND MANAGEM | Non-Facility Rate | 65 | 999 | 7/1/2020 | 12/31/9999 | 1 | 154.28 |
| 99391 | PREV VISIT, EST, INFANT | Non-Facility Rate | 0 | 1 | 7/1/2020 | 12/31/9999 | 1 | 92.13 |
| 99392 | PERIODIC REEVALUATION AND MANA | Non-Facility Rate | 1 | 4 | 7/1/2020 | 12/31/9999 | 1 | 98.26 |
| 99393 | PERIODIC REEVALUATION AND MANA | Non-Facility Rate | 5 | 11 | 7/1/2020 | 12/31/9999 | 1 | 97.95 |
| 99394 | PERIODIC REEVALUATION AND MANA | Non-Facility Rate | 12 | 17 | 7/1/2020 | 12/31/9999 | 1 | 107.86 |
| 99395 | PERIODIC REEVALUATION AND MANA | Non-Facility Rate | 18 | 39 | 7/1/2020 | 12/31/9999 | 1 | 110.55 |
| 99396 | PERIODIC REEVALUATION AND MANA | Facility Rate | 40 | 64 | 7/1/2020 | 12/31/9999 | 1 | 92.43 |
| 99396 | PERIODIC REEVALUATION AND MANA | Non-Facility Rate | 40 | 64 | 7/1/2020 | 12/31/9999 | 1 | 117.77 |
| 99397 | PERIODIC REEVALUATION AND MANA | Facility Rate | 65 | 999 | 7/1/2020 | 12/31/9999 | 1 | 97.39 |
| 99397 | PERIODIC REEVALUATION AND MANA | Non-Facility Rate | 65 | 999 | 7/1/2020 | 12/31/9999 | 1 | 126.43 |
| 99401 | COUNSELING AND/OR RISK FACTOR | Non-Facility Rate | 9 | 20 | 7/1/2020 | 12/31/9999 | 1 | 36.11 |
| 99402 | COUNSELING AND/OR RISK FACTOR | Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 48.02 |
| 99402 | COUNSELING AND/OR RISK FACTOR | Non-Facility Rate | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 60.38 |
| 99460 | INIT EVAL NORMAL NEWBORN PER DAY | Non-Facility Rate | 0 | 1 | 7/1/2020 | 12/31/9999 | 1 | 90.41 |
| 99461 | INIT CARE NORMAL NEWBORN | Facility Rate | 0 | 1 | 7/1/2020 | 12/31/9999 | 1 | 59.45 |
| 99461 | INIT CARE NORMAL NEWBORN | Non-Facility Rate | 0 | 1 | 7/1/2020 | 12/31/9999 | 1 | 83.85 |
| 99462 | SUBS CARE PER DAY NORMAL NEWBORN | Non-Facility Rate | 0 | 1 | 7/1/2020 | 12/31/9999 | 1 | 39.74 |

Mississippi Division of Medicaid
INCREASED PRIMARY CARE FEE SCHEDULE
 Print Date: JANUARY 4, 2022



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are posted. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules.

Units are subject to change upon Agency review.
 Price does not include cutbacks, assessment fees, etc. Payment is not guaranteed

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

| Code | Description | Site of Service | Min Age | Max Age | Begin Date | End Date | Max Units | Fee |
|-------|---------------------------------------|-------------------|---------|---------|------------|------------|-----------|--------|
| 99463 | INIT EVAL NORMAL NEWBORN ADM/DISCH | Non-Facility Rate | 0 | 1 | 7/1/2020 | 12/31/9999 | 1 | 104.19 |
| 99464 | ATTENDANCE AT DELIVERY W/STAB | Non-Facility Rate | 0 | 1 | 7/1/2020 | 12/31/9999 | 1 | 70.70 |
| 99465 | DEL ROOM RESUSC NEWBORN | Non-Facility Rate | 0 | 1 | 7/1/2020 | 12/31/9999 | 1 | 138.19 |
| 99468 | INIT IP NEONAT CC PER DAY < 28 DAYS | Non-Facility Rate | 0 | 1 | 7/1/2020 | 12/31/9999 | 1 | 869.60 |
| 99469 | SUBSQ IP NEONAT CC PER DAY < 28 DAYS | Non-Facility Rate | 0 | 1 | 7/1/2020 | 12/31/9999 | 1 | 376.56 |
| 99471 | INIT IP PED CC PER DAY THRU 24 MOS | Non-Facility Rate | 0 | 2 | 7/1/2020 | 12/31/9999 | 1 | 752.68 |
| 99472 | SUBSQ IP PED CC PER DAY THRU 24 MOS | Non-Facility Rate | 0 | 2 | 7/1/2020 | 12/31/9999 | 1 | 379.90 |
| 99475 | INIT IP PED CC PER DAY 2-5 YRS | Non-Facility Rate | 2 | 5 | 7/1/2020 | 12/31/9999 | 1 | 529.86 |
| 99476 | SUBQ IP PED CC PER DAY 2-5 YRS | Non-Facility Rate | 2 | 5 | 7/1/2020 | 12/31/9999 | 1 | 326.54 |
| 99477 | INIT HOSP CARE/DAY FOR E/M OF NEONATE | Non-Facility Rate | 0 | 1 | 7/1/2020 | 12/31/9999 | 1 | 330.17 |
| 99478 | SUBS ICU DAY LOW BIRTH < 1500 G | Non-Facility Rate | 0 | 1 | 7/1/2020 | 12/31/9999 | 1 | 129.80 |
| 99479 | SUBSQ ICU DAY LOW BIRTH 1500-2500 G | Non-Facility Rate | 0 | 1 | 7/1/2020 | 12/31/9999 | 1 | 117.82 |
| 99480 | SUBSQ ICU DAY LOW BIRTH 2001-5000 G | Non-Facility Rate | 0 | 1 | 7/1/2020 | 12/31/9999 | 1 | 113.17 |
| 99499 | UNLISTED EVALUATION AND MANAGE | | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | MP |